

# INDIAN NURSING COUNCIL

## SYLLABI AND REGULATIONS FOR THE COURSES OF STUDIES FOR AUXILIARY NURSE MIDWIFE

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*Published by :*

INDIAN NURSING COUNCIL  
KOTLA ROAD, TEMPLE LANE  
NEW DELHI-110002

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# **INDIAN NURSING COUNCIL**

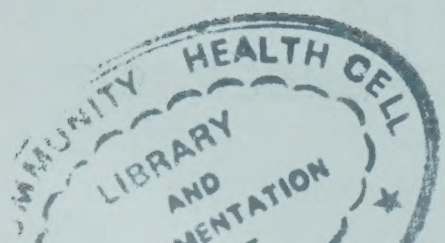
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**REVISED AND APPROVED  
BY THE I.N.C. AT ITS  
MEETING HELD ON 2ND SEPTEMBER 1977**



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## PREFACE

As a result of the decision taken to prepare multipurpose health workers for meeting the basic health needs of the community the Indian Nursing Council undertook to review, revise and restructure the existing curriculum prescribed for the auxiliary nurse midwife with a view to set forth regulations, syllabus, and courses of studies to be followed for the training and preparation of health workers (male and female) under the multipurpose health workers' scheme.

An additional reason for revising the curriculum was related to the plan for vocationalisation of higher secondary education in the country. The health workers' programme was initially formulated to fit into the framework of vocation education at the +2 level under the 10+2+3 scheme. Since modifications in the 10+2+3 pattern of education are under active consideration; and at the time of publication of this document the scheme is still to be finalized, it is expected that the health workers' courses of studies contained herewith will be further reviewed when the new educational plan is confirmed and accepted.

The restructuring of the curriculum is only a first step towards making the existing training programme more relevant to the health needs of the country.

While preparing this syllabus two important factors have been considered:

- (i) On completion of the vocational component of the training programme, some students might leave and seek employment as a health worker.
- (ii) While others will pursue the Higher Secondary courses of the Board where they could fulfil the general education requirements and thus prepare a base for higher studies in the future.

It is recognized that the perfection of finality can never be achieved in the curriculum since it is associated with a field that is constantly facing scientific, technological social and economic changes. The curriculum framework presented in this document is designed to be the starting point of a serious effort to prepare first level health workers to whom can make a worthwhile contribution to the health services of the country.





## Introduction

The Indian Nursing Council is required to prescribe the minimum Syllabus for the training of Health Workers, and the minimum requirements for the recognition of any institution offering such a course. The syllabus and regulations set forth in this document have been formulated in accordance with the health needs of the country, basic principles of vocational education and resources, actual and potential.

The requirements prescribed are minimum both in regard to what should be included in the curriculum and to the teaching, clinical and physical resources necessary for its implementation. State examinations are to be based on the prescribed minimum but individual schools and training centres are free to plan and implement their curricula above the prescribed minimum according to the resources at their disposal.

In designing the courses of studies due consideration has been given to the development of a vocational training programme that is, on the one hand, terminal in character; terminal in the sense that successful completion of the vocational training programme would prepare students to take up employment as a health worker under the multipurpose workers, scheme; on the other hand it is also designed to provide a foundation for further studies.

The Indian Nursing Council is committed to the position that the health workers' training programme must fit into the higher secondary education system. General education blended with specific vocational training would not only strengthen capabilities of the proposed health worker but provide a foundation for tertiary level of education that could enhance employment prospects and increase opportunities for career advancement. The guidelines for implementing the general education component can be developed by the Indian Nursing Council when the national educational plan (10+2+3) scheme is finalized and adopted. The mechanics of implementing the General education component will have to be worked out in each state in co-ordination with the Board of Secondary Education so that



the Health Workers, Training programme may become a recognized vocational stream in the higher secondary system prevalent in the State or Union Territory concerned.

In the initial stages, alternative methods might be utilized to implement the general education component of the Health Workers, Training Programme with the approval of the Central/State Board of Secondary Education. At this stage, the Indian Nursing Council envisages three approaches to the implementation of the general education component according to (i) the resources available, (ii) the commitments of the State Registration Nursing Councils to bring nursing education for health workers into the mainstream of general education (iii) the philosophy, of the institution or training centre conducting the health workers' training programme, and (iv) the co-operation of the Board of Secondary Education. These are :

- (a) the integrated approach— where general education subjects would be offered concurrently with vocational subjects, and vocation-related science Subjects; the term "integrated" is used herewith reference to placement of subjects and not as a method of organizing of teaching subjects matter.
- (b) the elective approach— where general education subjects would be offered as electives on an optional basis of successful completion of the vocational training programme.
- (c) the non-formal approach— where students would take the responsibility to study the general education subjects and take the required examinations as private candidates after successfully completing the vocational training programme; extent of institutional support would vary in regard to provision for leave, library, facilities; laboratory facilities, tuition arrangements etc.



## Venue

The training programme for health workers should preferably be conducted in a primary health centre, district or taluk hospital, or any hospital or health institution with facilities for providing greater part of the training in the rural areas.

The general education component may be taught in a recognized Higher Secondary School and students should be allowed to take the Higher Secondary Board Examination.

## Objectives:

General: At the end of the training programme, the students health worker should demonstrate ability to plan and carry out job responsibilities assigned to her/him under the multipurpose workers' scheme.

Specific: The student health workers should demonstrate ability to:

1. Explain the principles of healthful living related to all age groups in the community.
2. Perform basic health care activities in community and insitutional settings.
3. Plan and carry out nutrition and health education activities in the home, clinic and community.
4. Provide basic maternal and child health care including immunization services, family health care, and family planning services.
5. (i) perform basic midwifery procedures and basic nursing techniques with special emphasis on domiciliary and home nursing procedures (health worker female).  
(ii) participate in prevention and control of communicable diseases; assist in execution of national health programmes; promote village and environmental sanitation; perform basic nursing techniques (health worker-male.)
6. Provide first aid and emergency nursing care, elementary medical care including treatment of minor ailments.

7. Participate as a responsible member of the health team.
8. Identify community resources which could be utilized for health promotion, health maintenance, and prevention of disease.
9. Assist in the training of community/village level health workers.
10. Promote community development activities.

### **Entrance Requirements :**

Age : The minimum age for admission will be 16 years. The upper age limit is 35 years.

Education : The minimum educational requirements for admission shall be successful completion of 10th Class of the Central Board of Secondary Education or a recognised equivalent public examination. Pass certificates will be required to support application. Subjects of study must be equivalent to those prescribed by the Central Board of Secondary Education for the 10th Class.

Health : Admission shall be subject to a satisfactory medical report.

Duration : Vocational Training for Health Workers 1½ years / 3 semesters/45 weeks.

Optional General Education for Higher-½ years/Secondary Examination. 1 semester/15 weeks.

### **Instructional Hours :**

Total instructional hours for vocational training \*\*\*-1350 hours-30 hours per week x 45 weeks.

(For study of vocational subjects, and vocation-related science subjects; includes theory, practical, supervised field work and training)

Total instructional hours for general education subjects for Higher Secondary Board Examination- optional-30 hours per week x 15 weeks - 450 hours (includes study of languages, general studies, and basic sciences e.g.



physics, chemistry, mathematics, biology as specified by the higher Secondary Board). Total hours for clinical/field experience 1560 hours.

Time-distribution (in weeks)

1 week = 30 instructional hours.

Orientation	— 1 week	
Classes	—24 weeks	
Supervised practical/field	—20 weeks =	45 weeks for distribution of formal instructional hours.
Clinical/Field Experience (40 hours per week)	—24 weeks	
Examinations and Preparatory leave	— 3 weeks	
Vacations & Holidays	— 6 weeks	= 33 weeks
Total		= 78 weeks

\*\*\*including instructional hours for teaching Physics —30 hours  
Chemistry —30 hours  
Mathematics/ —30 hours  
Biology

the present syllabus specifies instructional hours (1350—90)=  
(1260 hours)

Administration of School :

- Administrative Head : A Principal Nursing Officer should be appointed as administrative head of the school, training centre, or training section.
- Budget : Regular budgetary allocation should be made for teaching equipment and supplies  
office equipment  
and supplies  
transport  
contingencies  
library books and journals  
external lectures (for general education subjects)

Staff : For 30 students or less, the following full-time staff is required.

Teaching Class Room & Field

Principal Nursing Officer —1

Public Health Nurse —2

Nursing Tutor —2

Senior Sanitarian. —1

Non-teaching

—Chowkidar/Peon )	—8 for training School &
Cleaner )	Hostel.
Cook )	—1 desirable, if, number
Housekeeper	of students exceed 30.
	—1 desirable if, number of
	students exceed 30.

Clerk

Additional teaching staff would be required to assist in teaching and field supervision when number of students exceed 30. One Public Health Nurse 'Or Nursing Tutor should be appointed for every additional 15 students'.

Transport :

The following facilities for transport of staff and students will be required for implementation of the training programme:

Mini bus — 1

Cycles —10

Jeep/Station wagon — 1

Teaching Facilities : The following facilities would be required for recognizing the training programme:

- (a) 2 Classrooms to accommodate at least 30 candidates at a time with standard classroom equipment such as black board, bulletin board.
- (b) 1 demonstration cum laboratory room.
- (c) 1 reading room cum library
- (d) 2 office rooms, storage space for records, equipment.
- (e) Equipment for teaching nursing and midwifery procedures.
- (f) Books and Journals.
- (g) Audio-Visual Aids, Charts, Models, Kits.



It is recommended that there should be at least one large lecture room with a capacity for seating all the students on the rolls.

### **Field/Teaching Laboratory/Clinical Facilities.**

Field practice and experience should be provided through arrangements with a variety of health agencies, community facilities, and hospitals.

Affiliations with schools and other institution should be considered when training centre/school lacks adequate facilities for providing appropriate learning experiences.

The selection of facilities should be consistent with educational needs of students and instructional objectives.

### **Residential Facilities :**

Each training centre should have provision for accommodating atleast 60 students at a time in the hostel, with

- Furnished single and double rooms for students.
- Kitchen, dining hall, pantry, store rooms.
- Bathing and toilet facilities.
- Study room.
- Common room/recreation room.
- Visitor's room.

The hostel must be adequately furnished, have electricity and running water facilities.

There should be provision for both outdoor and indoor recreation.

Each training centre should have five quarters for providing accommodation to teaching staff.

### **Health & Counselling Service :**

Health services should be provided for students. This should include an annual health check-up immunizations attention to minor ailments and defects, and medical care during illness.

A health record should be maintained for each student.

Personal counselling, student guidance, and advice on extra curricular activities should be provided by the staff of the Training Centre/School, and Hostel.

## SYLLABUS

	Science-I	(Theory and Practical) <i>Instructional Hours</i>
Science Subjects	Anatomy and Physiology	90 hours
	Microbiology	30 hours
	Psychology	60 hours
	Sociology	60 hours
	Hygiene	60 hours
	Nutrition	60 hours
Health Subject	<b><u>Fundamental of Nursing-I</u></b>	90 hours
	Section A Introduction to Nursing	
	Section B Nursing Procedures & Tehcniques.	
	Section C First Aid and Emergency Nursing.	
	<b><u>Fundamentals of Nursing-II</u></b>	120 hours
	Section A Introduction to Child Health.	
	Section B Introduction to Maternal Health.	
	Section C Introduction to Family Health. and, Community Health.	
	<b><u>Community Health Nursing-I (i) or (ii)</u></b>	225 hours.
	I (i) Section A Domiciliary Midwifery. Section B Midwifery and Maternity Nursing. Section C Family Planning & Welfare. Or	
	I (ii) Section A Environment Sanitation. Section B Health Statistics. Section C Family Planning & Welfare.	
	<b><u>Community Health Nursing-II</u></b>	120 hours
	Section A Nutrition Education.	
	Section B Health Education.	
	Section C Communication Skills and Audio-visual Education.	



**Community Health Nursing-III**

345 hours.

Section A Basic Medicine &amp; Pharmacology.

Section B Health Problems &amp; Plans.

Section C Communicable Diseases.

Section D Mental Diseases.

**Total : 1260 hours.**

A total of 90 instructional hours allocated for teaching of Physics, Chemistry, and Mathematics on an optional basis (30 hours for each subject) is not included in this syllabus.

It is recommended that the study of Languages be made compulsory for all students as suggested below to improve writing, reading and communication skills.

Language I	Regional Language or Modern Indian Language.	150 hours
Language II	English	120 hours

To be eligible for + 2 Higher Secondary Examination it is probable that additional courses in languages, general studies, and sciences will have to be completed as follows or according to the Pattern accepted by the Higher Secondary Board.

Languages 270 hours	Language I	Regional Language Modern Indian Language (Optional)
	Language II	English
General Studies 180 hours e.g.		Economics History Social Change
Science 90 hours e.g.		Physics Chemistry Mathematics

**Practical Training/Field Experience**

Practical training and field experience will be provided in the Classroom, laboratories, health agencies, hospitals and community Facilities.

Supervised practical Training should be provided for 20 weeks at the rate of 30 hours per week-600 hours.

Field Experience/Clinical Experience should be provided for 24 weeks, at the rate of 40 hours per week = 960 hours.

Total Practical training Field Experience/Clinical Experience =1560 hours.

**Note :** Supervised Practical Training.

- includes a planned instructional programme (Planned orientation observation tours; field trips, demonstrations, classes, clinic.
- is an integral part of the courses of studies.
- is planned, supervised and guided by teaching staff of training centre/school.
- is rich in learning experiences.
- is assessed and evaluate.

Field Experience/Clinical Experience:

- may or may not be supervised by staff of training centre/school; service staff in health care agencies and hospitals may provide the guidance and supervision.
- is designed to hold student health workers increase confidence, and improved basic skills in the practical field.
- is a useful learning experience for developing confidence, getting familiar with the characteristics of the work-situation, and improving competencies in the practical field.
- is planned to provide a block of practical experience of an intensive nature.
- is deemed to be necessary for licensing purposes; days missed have to be made up before award of certificate.

#### **A. Community Health Nursing - 1060 hours.**

The following should be the broad distribution of hours for supervised practical training and field experience in Community Health Nursing.



Supervised practical Training for 14 weeks  
at the rate of 30 hours per week.

= 420 hours

Field experience for 16 weeks at the rate  
of 40 hours per week.

= 640 hours

**Total : = 1060 hours**

Community Health Nursing Experiences and Activities should  
cover the following areas:

Home Visits, Family Health Care

MCH CLINIC —Antenatal )

—Postnatal )

—Well baby )

or Environmental

Sanitation for HW-M

Domiciliary Midwifery

or Communicable Diseases

Control for HW-M

Immunization

School Health

Primary Health Centre, Subcentres

Family Planning & Welfare

Health Education

Nutrition Education

Community Nutrition

Training & Supervision of Dais

or Training & Supervision

of Community Level

Health Workers HW-M

Health Records, Reports, Surveys

Organisation of Subcentres, Clinics

Treatment of Minor Ailments

Safety Programmes, First Aid & Emergency Care

Home Nursing

Specific Practical Experience Requirements : The Student should  
have practical experience in:

Conducting Antenatal Examinations

—30

Conducting deliveries including home deliveries

—20

Nursing lying in women and babies.

—20

Conducting Child Care Clinics

—20

	Attendances
Motivating eligible couples and mothers to adopt family planning methods	— 5
Conducting Health Talks/Health Education Activities	— 5
Training Dais/Community level health workers	— 5 classes
Carrying out Immunization programmes in clinic, community, schools	—20
Taking Health History —Women	— 5
—Child	— 5
Home visits for Family Health Care	— 5
Home visits for Child Health Care	—10
Home visits for Maternal Health Care including antenatal and post-natal care.	—10

For HW-Male, the following experience are to be substituted for midwifery and maternal health experiences :

Communicable Diseases Control  
 Family Planning and Welfare Activities.  
 Environmental Sanitation Activities.  
 Primary Medical Care.

**B. Institutional Nursing/Hospital Nursing —500 hours.**

The following should be the broad distribution of hours for supervised practical training and field experience in Institutional Nursing/Hospital Nursing.

Supervised Practical Training for 6 weeks at the rate of  
 30 hours per week = 180  
 Clinical Experience for 8 weeks at the rate of  
 40 hours per week = 320

Supervised practical training & clinical experience should be planned to cover the following areas :



Outpatient Departments  
(6 weeks)

- Medical
- Surgical
- Eye, ENT
- Paediatric
- Psychiatric
- Mental Health
- Medical
- Surgical
- Maternity & Gynaecology  
(Hospital Midwifery)
- Minor O.T.
- Maternity & Gynaecology  
O.T.

Wards

(6 weeks)

O.T.

(2 weeks)

### Examination

Scheme of Examination :

The State Nursing Registration Councils will conduct all registration examination at the end of 1½ years, training in the following subjects:

(Papers, subjects, maximum marks for each paper, and duration of examination are noted against each)

<u>Papers</u>	<u>Subjects</u>	<u>Maximum</u> <u>Internal</u> <u>Assess-</u> <u>ment/</u> <u>Examina-</u> <u>tion</u>	<u>Marks</u> <u>External</u> <u>Regis-</u> <u>tration</u> <u>Exami-</u> <u>nation</u>	<u>Total</u> <u>Marks</u>	<u>Duration</u>
	Science-I	100	No exami- nation	100	3 hours
Theory Paper I	Fundamentals of Nursing 1 & II	50	150	200	2 hours
Theory Paper II	Community Health Nursing I	25	75	100	3 hours

Theory	Community Health	50	150	200	3 hours
Paper III	Nursing II & III				
Practical	Fundamentals	100	100	200	1 hour
Paper I	Nursing I—Basic Nursing Techniques and Procedures				
Practical	Community Health	100	100	200	1 hour
Paper II	Nursing—I Basic Midwifery Techniques and Procedures or Health Science Tech- niques for HW-M				
		425	575	1000	13 hours

Internal assessment marks will be made on the basis of teachers assessment of the work done by the student during the 1½ years period of training. Internal assessment is based on classroom tests (written, practical) practical performance in the field/clinical area, written assignments, records and reports.

**Marks:—** For each paper, the marks required for passing shall be 50% in the aggregate (internal and external).

First class standing 70% and over

Second class standing 60%—69%

Third class standing 50% —59%

For each paper, the marks required for distinction shall be 75% in the aggregate (internal and external.)

**Eligibility for admission to final Examination :**

To be eligible for admission to the examination, the administrative head of the school has to certify that the candidate.

- has attended not less than three-fourth (75%) of the total classes for each paper (lectures, practical, and field work).
- has completed the practical training requirements.
- has a record of her/his practical experience, duly completed and signed by the administrative head of the school.



- has pursued a regular course of studies for a period of at least 15 months.
- has met the field experience requirements.
- Certificate will be issued on completion of 18 months of training requirements.

#### General Information—Curricula Plan.

1. The health workers' training programme total 2220 hours for those students who wish to take up employment as a health worker at the end of 1½ years of vocational training. The following is the broad distribution of hours :

660 hours of planned, theoretical instruction in vocational subjects, and vocation-related science subjects.

600 hours of planned, supervised practical training and instruction in vocational field.

960 hours of field/clinical experience.

Total: 2220 hours.

2. The health worker's training programme totals 3360 hours for those students who wish to pursue the Higher Secondary Courses of the Central Board/State Board to build a preparatory base for higher studies. The following is the broad distribution of hours.

660 hours of planned, theoretical instruction in vocational subject and vocation-related science subjects.

600 hours of planned, supervised practical training and instruction in vocational field.

90 hours of additional instruction in science subjects e.g.

\* 450 hours Physics, Chemistry Mathematics.

= \* 1800 hours of additional instruction in general education

+ 960 hours (field clinical experience) subjects, e.g. languages,

2760 hours history, economics.

3. A semester is approximately half an academic year, having about 90 working days which equals to 15 weeks for a 6-day week, or 18 weeks for a 5-day week. This period should be utilized for implementation of the formally planned instructional programme, including the supervised calendar practical training component. The remaining weeks of the half year could be utilized for field/clinical experience of an intensive type (approximately 8 weeks per semester). The plan outlined below shows the distribution of weeks per semester for theory, practicals, and field/clinical experience.

	Theoretical Instruction	Supervised Practical Training in Labora- tory/Field/Clinical Area	Field/ Clinical Experience	
Semester I	8 weeks	7 weeks	8 weeks	= 23 weeks
Semester II	8 weeks	7 weeks	8 weeks	= 23 weeks
Semester III	8 weeks	6 weeks	8 weeks	= 22 weeks
	<u>24 weeks</u>	<u>20 weeks</u>	<u>24 weeks</u>	<u>= 68 weeks</u>

The total of 68 weeks does not include examination weeks or vacation. Minor modifications in the plan could be made.

#### 4. Suggested Sequence-According to Semester Plan for HW(F)

Science Subjects Theory & Practicals	Fundamentals of Nursing Subjects-Theory and Practical	Community Health Nursing Subjects-Theory and Practical	Field/clinical Experience Blocks @ 40 hrs. per week.
	<u>Hrs.</u>	<u>Hrs.</u>	<u>Hrs.</u>
S Anatomy & Physiology	90	Dom. Midwifery	15
e Microbiology	30	Midwifery and Maternity Nursing	60
t Hygiene	60		
r			
	Introduction to Nursing & Nursing Procedures and Techniques		Community Health Experience 200 hours = 5 weeks
	Child Health		Hospital/ Institutional Nursing Experience 120 hours = 3 weeks
	Maternal Health Family Health & Community Health		
	30		
	30		
	Total Hours = 435 hours + 320 hours		



S e m e s t e r  II	Psycho- logy	60	First Aid & Emergency Nursing	30	Dom. Midwi- fery	60	Community Health Exeprience 220 hours =5½ weeks
	Sociology	60			Midwifery & Maternity Nursing	60	
	Nutrition	60			Family Palnning & Welfare Health Education Community Skills & A.V. Aids	30 30 30 30	Hospital/ Institutional Nursing 100 hours =2½ Weeks
Total Hours = 420 hours + 320 hours.							

S e m e s t e r  III			Health Education	30	Community Health Experience 220 hours = 5½ weeks
			Nutrition Education	30	Hospital/ Institutional Nursing 100 hours =2½ weeks
			Communicable Diseases	90	
			Mental Diseases	15	
			Basic Medicine & Pharmaco- logy	210	

Total Hours = 405 hours + 320 hours

Total for three semesters = 1260 hours + 960 hours

=2320 hours

5. According to the Semester system, instructional hours allotted to a subject are generally distributed throughout the semester e.g. for semester course or subject of 90 hours' duration 6 hours per week may be allotted for teaching this subject during the semester; for a semester course or subject of 30 hours' duration 2 hours' per week may be allotted. Since the scheme of examination for the health workers' training programme was not developed according to a semester examination plan (which emphasizes periodic or continuous evaluation), the instructional hours for each subject could very well be distributed evenly throughout the three semesters. But it should be noted that it would be easier to fit into a semester frame-work should this be considered desirable at a later stage if the plan suggested in paragraph-4 (or a similar plan is adopted).
6. Some changes could be made in the sequence of subjects and placement of practical courses. If administrative difficulties arise during implementation of practical component of the teaching programme, blocks of field/clinical experience could be arranged in second and third semester, or concentrated exclusively in the third semester. Some flexibility in placement of subjects and practical courses is possible. According to the plan suggested in paragraph-4, theoretical instruction, practical training, and blocks of field experience in each semester would be given roughly equal proportions.
7. The training programme is meant to be reality-based and field oriented. Supervised practical work and training are very important components of this programme. Almost all the subjects have a practical components. Teaching approaches are intended to emphasize community—based least learning activities, projects, demonstrations, field trips, observation tours, and field-related learning situations. Audio-visual materials, and simple teaching aids made from local resources, should be utilised when appropriate for supplementing oral instruction.



8. Distribution of Planned Instructional Hours for each subject:  
Theory & Practical.

	<u>Theory Hours</u>	<u>Practical Hours- Lab/Field/Clinical Instruction</u>	<u>Total Hours</u>
<b><u>Science I</u></b>			
(i) Anatomy & Physiology	60	30	90
(ii) Microbiology	15	15	30
(iii) Psychology	30	30	60
(iv) Sociology	30	30	60
(v) Hygiene	30	30	60
(vi) Nutrition	30	30	60
			= 360
<b><u>Fundamentals of Nursing-I</u></b>			
Sec. A Introduction to Nursing & Sec. B Nursing Procedures & (Techniques)	15	45	60
Sec. C. First Aid & Emergency Nursing	15	15	30
			= 90
<b><u>Fundamentals of Nursing-II</u></b>			
Sec. A Introduction to Child health	30	30	60
Sec. B. Introduction to Mater- nal Health	15	15	30
Sec. C Introduction to Family Health & Community Health	15	15	30
			=120
<b><u>Community Health Nursing I (i) *</u></b>			
Sec. A Domiciliary Midwifery	15	60	75
Sec. B Midwifery & Maty. Nursing.	45	75	120
Sec. C Family Planning & Family Welfare	15	15	30
			=225

**Community Health Nursing II**

Sec. A Nutrition Education	15	15	30
Sec. B Health Education	30	30	60
Sec. C Communication Skills & Audio Visual Aids.	15	15	30
			=120

**Community Health Nursing III**

Sec. A Basic Medicine & Pharmacology	150	60	210
Sec. B Health Problems & Plans	15	15	30
Sec. C Communicable Diseases	60	30	90
Sec. D. Mental Diseases	15	—	15
			=345
Total Hours :	660	600	=1260

\* Community Health Nursing I (ii) for Health Worker-Male.

Sec. A Environmental Sanitation	45	105	150
Sec. B Health Statistics	15	30	45
Sec. C Family Welfare and Family Planning.	15	15	30

**ANATOMY AND PHYSIOLOGY**

Science I (i)

(90 Hours)  
(Theory 60 Hours)  
(Practical 30 Hours)

**Objectives :**

1. To be able to acquire sufficient knowledge of structure and function of the human body as is needed for an understanding of
  - the Basis for hygienic living
  - preventive measures for maintenance of health
  - the effect of diseases and remedial measures.



2. To be able to utilize knowledge of structure and function in performing health care activities including first aid nursing, and treatment of minor ailments.

### **Course Content :**

- Unit I The Body as an Integrated whole  
 Introduction, organization of living things  
 Cells, tissues, organs, cavities, and body system  
 Typical cell structure, properties of cell, living processes  
 Tissues, types, structure and functions; the skin.
- Unit II The Erect and Moving Body  
 Skeletal system overview of the skeletal system; bones, bone development and bone repair; axial skeleton; appendicular skeleton; surface anatomy and landmarks; structure and function of joints; types of joints.  
 Muscular System-introduction, overview of skeletal muscles. Chief Muscles and groups of muscles; muscle contraction; properties of muscle.
- Unit III Integration and Control of the body.  
 Nervous System-division of the nervous system; brain and its functions; cranial nerves; spinal nerves.  
 Special Senses-structure function, and location of organs of special senses; eye structure and function of visual apparatus; ear structure and function of auditory apparatus.
- Unit IV Maintaining the metabolism of the Body.  
 Circulatory System-blood Composition; blood cells and plasma; haemoglobin; blood coagulation; bleeding time; blood grouping and cross-matching. Heart-structure and function; heart sounds and heart-rates; circulation-systematic and pulmonary; blood vessels, pulse, blood pressure; pressure points, arterial, venous, and capillary system.  
 Respiratory System-upper respiratory tract, structure and function; lower respiratory tract Structure and function.

capacity of lungs, exchange of gases; respiration rate. Digestive system; the alimentary tract-oral cavity, stomach, small and large intestines; peristalsis. Digestion-mechanical and chemical. Salivary glands, liver, pancreas and gallbladder. Enzymes. Absorption and assimilation of foods. Excretory system-excretory organs, location, structures and function; The Urinary tract-urine formation, composition of urine, micturition. Water and salt balance.

Endocrine System-overview of the endocrine system; endocrine glands-location, structure, functions. Body temperature regulation.

## Unit V Human Reproduction.

Embryology, prenatal development; maturation of reproduction organs.

The male reproductive tract-external organs. The female reproductive tract-external organs, internal organs; menstrual cycle; hormones and reproduction.



**MICROBIOLOGY**

Sciences I (ii)

30 Hours

(Theory : 15 Hours)

(Practical : 15 Hours)

**Objectives**

1. To be able to acquire sufficient knowledge of microbiology for an understanding of the characteristics of disease producing micro organisms.
2. To be able to understand the principles of microbiology underlying preventives and remedial measures.
3. To be able to handle pathogenic material safely.

**Course Content**

- |      |     |  |
|------|-----|--|
| Unit | I   | Introduction<br>Classification of micro-organisms<br>Characteristic of bacteria, viruses<br>Conditions affecting the growth of bacteria<br>Parasites, fungi, yeasts, mold  |
| Unit | II  | Universal Presence of Micro-organisms<br>Useful bacteria-micro-organisms in the soil, environment<br>Micro-organisms in the human body, normal flora<br>Sterile areas and cavities in the body<br>Micro-organisms in water, food, milk   |
| Unit | III | Sources and mode of infection<br>Sources of infection<br>Mode of transmission, portals of entry and exit<br>Infection-factors which favour and hinder infection<br>Immunity, hypersensitivity, antigen—<br>antibody reaction. Vaccines   |
| Unit | IV  | Pathogenic Micro-organism<br>Pathogenic organisms transmitted from respiratory tract<br>Pathogenic organisms transmitted from elementary tract<br>Pathogenic organisms transmitted through food-food-borne infections; food poisoning<br>Blood—borne pathogenic organisms<br>Collection of specimens for bacteriological examination |

Unit V Identification and Destruction of Micro organisms  
Identification, destruction and removal of Micro organisms  
Health workers, responsibilities.

Methods of identification—laboratory techniques; use of the microscope.

Methods of destruction physical and chemical agents; effects of cold and heat; practice in sterilization methods; disinfection.



**PSYCHOLOGY**

Sciences I (iii)

60 Hours

(Theory : 30 Hours)

(Practical : 30 Hours)

**Objectives**

1. To gain knowledge of elementary principles of psychology for an understanding of personal, individual, and group behaviour.
2. To develop interpersonal skills required for (a) carrying out health care activities, and (b) functioning effectively as a member of the health team.
3. To motivate individuals and groups to improve health care practices, and utilize health and welfare services.

**Course Content**

Unit	I	<p>Factors Influencing Human Behaviour</p> <p>Heredity, environment</p> <p>Basic needs, drives urges</p> <p>Early learnings, value systems, attitudes, beliefs</p> <p>Personality, self-concept, body-mind relationship.</p>
Unit	II	<p>Life stages and Behavioural Patterns</p> <p>Behavioural Patterns in childhood</p> <p>Behavioural Patterns in adolescence</p> <p>Behavioural Patterns in adults</p> <p>Behavioural Patterns in the aged.</p>
Unit	III	<p>Emotions and Behaviour</p> <p>Meaning and Importance of emotions</p> <p>Emotions—expression and control</p> <p>Positive and negative emotions, emotion and health specific emotion—fear, anger, love, jealousy stress, illness and Behaviour.</p>

Unit IV Defence Mechanisms and Behaviour  
Purpose of defence mechanisms  
Common defence mechanism  
Adjustment, conflict, frustrations

&

Unit V Social Behaviour, Interpersonal Relations  
Acceptance of the individual; individual differences  
Appreciation, recognition, approval in social relations  
Group standards and conformity; behaviour adaptations  
maintaining effective relationships; self—understanding.

Unit VI Learning, Motivation and Change in Behaviour  
  
Motives, incentives, goals, and aspirations significance of  
motivation in improving health practices changing attitudes  
and habits, motivating individuals and groups to improve  
health practice conditions of learning methods of learning.



**SOCIOLOGY**

Sciences I (iv)

60 Hours

(Theory : 30 Hours)

(Practical : 30 Hours)

**Objectives**

1. To be able to acquire knowledge of basic sociological Principles and processes as they relate to the individual, family and community.
2. To be able to gain an understanding of the social factors that effect community's health, welfare and life.

**Course Content****Unit I Introduction**

Groups-Primary and secondary; in-group and outgroups, structure, activities of groups, organization of groups; urban and rural administrative pattern-panchayats and corporations; crowd, public audience.

**Unit II Social Processes**

Corporation, competition conflict, Assimilation adjustment.  
The individual and process of socialization.  
Community health services and social processes  
Change and development in the community.

**Unit III Social Controls**

Traditions and customs  
Polkways and mores  
Lows: traditions and habits, affecting health  
Social problems; anti-social practices

**Unit IV Social stratification**

Caste  
Class; mobility; Status  
Regionalism

Unit	V	Marriage and Family
		Marriage patterns
		The joint family
		The nuclear family/modern family
		Family Welfare services
		Factors affecting Mode of Living

Unit	VI	The Community
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Rural Community—	Characteristics, changes in the village community development; major rural problems.
Urban community—	Characteristics, changes and adjustments to urban environment, major urban problems.



**HYGIENE**

Sciences I (v)

60 Hours

(Theory : 30 Hours)

(Practical : 30 Hours)

**Objectives**

1. To increase understanding of the significance of hygiene and healthful living for promotion and maintenance of health.
2. To develop the ability to utilize this knowledge for promoting positive health Practices.

**Course Content**

Unit I	<p>Introduction to hygiene and Healthful living</p> <p>Concepts of health and disease</p> <p>Factors influencing health and healthful living</p> <p>Healths habits and practices—recognizing positive and negative practices in the community</p> <p>Scientific Principles related to maintenance of</p> <ul style="list-style-type: none"> <li>—normal circulation</li> <li>—normal respiration</li> <li>—normal digestion and elimination</li> <li>—normal sensory functions</li> <li>—normal skeletal alignment joint function and motor function.</li> </ul>
Unit II	<p>Physical Health</p> <p>Skin Care, cleanliness clothing.</p> <p>Care of the hair preventive of pediculosis</p> <p>Dental care and oral hygiene</p> <p>Care of hands, handwashing care of nails</p> <p>Hygiene of elimination</p> <p>Menstural hygiene</p>

- |      |     |   |
|------|-----|---|
| Unit | III | <p>Physical Health (Continued)</p> <p>Posture; prevention of postural defects</p> <p>Exercise, rest relaxation, and sleep</p> <p>Care of the foot, footwear</p> <p>Care of the eyes, ear, nose and throat</p> <p>Food values—nutritious diet selection, preparation and handling of food.</p>   |
| Unit | IV  | <p>The Periodic Health Examination</p> <p>The health examination health record</p> <p>Immunity and infections : immunization</p> <p>Detection and Correction of defects</p> <p>Prevention and early treatments of common ailments</p> <p>common colds, indigestion, constipation, headache.</p>   |
| Unit | V   | <p>Health in the Home</p> <p>The Home as a centre for healthful living</p> <p>Household measures for disposal of refuse, waste</p> <p>Latrines and sanitation, ventilation</p> <p>Safety in the home; common home hazards</p> <p>Sanitation in animal sheds; insects and pests.</p>   |
| Unit | VI  | <p>Mental Hygiene and health</p> <ol style="list-style-type: none"> <li>1. Introduction           <ul style="list-style-type: none"> <li>Factors contributing to mental health</li> <li>Characteristics of a mentally healthy person</li> <li>Developmental tasks, basic needs; emotional stability</li> </ul> </li> <li>2. Mental hygiene and health in infancy           <ul style="list-style-type: none"> <li>— ensuring mentally healthy growth in infancy; need for comfort, security; protection</li> <li>— mental hygiene approach to some problems</li> <li>— feeding weaning, thumbsucking, toilet-training</li> </ul> </li> <li>3. Mental hygiene and health in early childhood.           <ul style="list-style-type: none"> <li>— ensuring mentally healthy growth in early childhood; need for security, affection, love, play constructive activities, adventure.</li> </ul> </li> </ol> |



- mental hygiene approach to common problems negativism, temper tantrums, sleep disturbances bedwetting, aggressiveness, fears oversubmissiveness.
4. Mental hygiene and health in later childhood
    - ensuring mentally healthy growth in later childhood; need for friendships, games and plays, affection and recognition; respecting individual differences; encouraging self-expression.
    - mental hygiene approach to some problems-speech problems, reading difficulties, learning problems, daydreaming.
  5. Mental hygiene and health in adolescence;
    - ensuring mentally growth in adolescence, need for security, recognition, understanding acceptance, preparation of girls for menstruation sex education developing vocational goals, hobbies discussions, and conversation; adventures, organised games; dependence— independence conflict.
    - mental hygiene approach to some problems-truancy rebellious behaviour, aggression.
  - 6- Mental hygiene and health in adulthood
    - ensuring mental health in adulthood; need for self-realisation; satisfaction on the job; recognition; social relationships; marriage, marital life, parental responsibilities
    - mental hygiene approach to some problems— job dissatisfaction, marital problems; failures in achievement and fulfilment of aspirations.
  7. Mental Hygiene and health in old age
    - ensuring mental health in old age need for preparation for retirement, economic insecurities; loss of role status related to job and earnings; adjustments in relation to physical condition.
    - mental hygiene approach to some problems— developing interests keeping, active participation in community life and family affairs.

**NUTRITION**

Sciences I (vi)

60 Hours

(Theory : 30 Hours)

(Practical : 30 Hours)

**Objectives**

1. To acquire sufficient knowledge of nutrition required for maintenance and promotion of health.
2. To develop skills in practical applications of the principles of nutrition including planning and preparation of nutritious meals.

**Course Content**

Unit	I	Introduction to the study of Nutrition Definition; relation of nutrition of health, relation of other factors of importance to nutritional status and health e.g. infections Classification and functions of foods-body building, energy yielding, and protective foods. Nutrients—Carbohydrates, proteins, fats, vitamins, Minerals—functions, sources and daily requirements of each caloric requirements, water and cellulose.														
Unit	II	Nutritive Value of foodstuffs  <table><tr><td>Cereals</td><td>Fruits</td><td>Fats and Oils</td></tr><tr><td>Pulses</td><td>Milk and Milk Products</td><td>Sugars</td></tr><tr><td>Vegetables</td><td>Egg, Meat and Fish</td><td>Condiments</td></tr><tr><td></td><td></td><td>Spices and Beverages</td></tr></table> Enriching subsistence diets with locally available food stuffs.			Cereals	Fruits	Fats and Oils	Pulses	Milk and Milk Products	Sugars	Vegetables	Egg, Meat and Fish	Condiments			Spices and Beverages
Cereals	Fruits	Fats and Oils														
Pulses	Milk and Milk Products	Sugars														
Vegetables	Egg, Meat and Fish	Condiments														
		Spices and Beverages														
Unit	III	The Balance Diet  Definition, factors to be considered in planning meals Improvement of diets; selection of foods, cultural factors, Nutritional requirements for special groups, vulnerable groups. Improving material nutrition and child nutrition Modified diets—liquid, blend, soft, full														

Unit	IV	<p>Preparation and preservation of foods</p> <p>General Principles of cooking</p> <p>Methods of cooking</p> <p>Effects of cooking on nutrients, and common foodstuffs</p> <p>Preservation of foods—household methods</p> <p>Food hygiene—simple household measures</p>
Unit	V	<p>Malnutrition</p> <p>Malnutrition and under nutrition; causes interrelatedness of factors leading to malnutrition e.g. infections, worm-infestations</p> <p>Deficiency diseases in the country including vitamin deficiencies protein—calorie malnutrition</p> <p>Cultural factors in nutrition; food; fats, food habits</p> <p>Food adulteration practices injurious to health</p> <p>Nutrition education— Principles of imparting nutrition knowledge.</p>



## **FUNDAMENTALS OF NURSING**

90 Hours

Section A Introduction to Nursing	)	Theory 15 Hours
Section B Nursing Procedures	)	Practical 45 Hours
Section C First Aid and Emergency Nursing	)	Theory 15 Hours
	)	Practical 15 Hours

### **Objectives**

1. To acquire knowledge and skills related to the performance of health care activities, including nursing procedures and techniques.
2. To understand the principles of nursing care basic to the care of the sick.
3. To develop skills in caring for the sick.
4. To organize and maintain equipment and supplies.
5. To render first aid in emergencies.

### **Section A. Introduction to Nursing**

- |         |  |
|---------|--|
| Unit I  | <p>Concept of Nursing as a Health, and Community Services</p> <p>Concept of Nursing, Health, and Health Problems</p> <p>Responsibilities of Health Workers</p> <p>Ethics and behaviour of Health Workers</p> <p>The health team.</p>   |
| Unit II | <p>Organisation of Health and Nursing Services</p> <p>Principles of organizing care in the home health agencies clinics, schools, hospitals</p> <p>Principles of organising care according to degree of 'wellness' or 'illness'</p> <ul style="list-style-type: none"> <li>— ambulatory care in outpatient units, dispensaries clinics</li> <li>— inpatient care in wards, nursing homes</li> <li>— inpatient care for the critically ill</li> <li>— inpatient care, rehabilitative care and convalescent care.</li> </ul> |

Principles of organizing care according to need of the patient

- Seriously ill, chronically ill
- moderately ill, terminally ill

Principles of organizing care according to patient group

Age groups—children and adolescence

—adults and the elderly

Health or medical problem patients  
with fever

e.g. unconscious-patients,  
patients for surgery

Assessing needs and priorities.

- Unit III Maintenance of supplies, equipments and other Facilities
- for health—oriented facilities
  - for disease—oriented facilities

Economy in the use of supplies, equipment, including linen breakage and reporting; obtaining replacements.

- Unit IV Record and Reports
- Health records, family care records, medical records
- Use of diaries by health workers
- Understanding the system of reporting and recording
- Referral system.

- Unit V Maintaining a Healthy Environment
- Cleanliness of unit and the sick room cleanliness of furniture, floors, works, space and surfaces, doors and windows, storage space.
- Provision for clean equipment and supplies
- Disposal of waste, garbage
- Safety factors in the environment—protection from injuries and infection.
- Basic techniques—dusting washing, disinfecting and sterilizing.

**Section B. Nursing Procedures and Techniques**

- |      |    |  |
|------|----|--|
| Unit | I  | Meeting Hygienic and Comfort Needs   |
|      |    | Care of skin — bathing a patient; bed bath; assisted bath; partial bath and the back rub   |
|      |    | Care of Hair — giving a hairwash; treatment for pediculosis  |
|      |    | Care of Hands — Feet Nails   |
|      |    | Care of Eyes — giving an eyewash   |
|      |    | Nutrition — feeding the sick patient; assisting with meals   |
|      |    | Mouth Care — giving a mouth care to sick patient   |
|      |    | Elimination — offering and removing a bedpan for a sick patient  |
|      |    | Exercise, Body — Posture, activity & movement—lifting patients, changing position of patient, use of comfort devices, improvised devices; joint exercises—range of motion exercises—making a comfortable bed at home and in hospital |
| Unit | II | Observation and Examination  |
|      |    | Vital signs — Temperature, Pulse, Respiration, Blood pressure.   |
|      |    | Taking temperature, reading thermometer cleaning thermometer taking pulse, noting characteristics observation of respiration   |
|      |    | Weight, Height — Checking weight, height; recognition of abnormalities   |
|      |    | History — Taking history of healthy and sick individual  |



Physical Examination — Examination of child and adult; Preparing patient for Examination; assisting doctor with medical and \*\*special examination.

\*\* Urine analysis— Physical examination of urine.  
Testing urine for sugar and albumen  
Recognition of abnormalities

Collection of specimens — Collecting specimen of urine, stool, sputum, venitus, throat swabs, Blood for laboratory examination; preparing blood slides.

Diagnostic procedures — Preparing patient for X-Ray studies  
Assisting with common diagnostic tests

### Unit III Aseptic Practices and Procedures

Medical asepsis— Isolation technique, handwashing, wearing gown and mask, disinfection and sterilization of contaminated equipment, disposal of contaminated waste or refuse cleaning the sick room.

Surgical asepsis— Handwashing and scrubbing for surgical practice dressing cuts and small wounds; sterilization of equipment and supplies- method of sterilization for various types of equipment and supplies-syringes, instruments and supplies-syringes, instruments, gloves, enamelware, handling of sterile equipment.

### Unit IV Medications and Therapies

Oral medication— Administration of tablets. powder; mixture; abbreviations in common use; calculation of doses; weights and

measures; modes of administration; classification of drugs by action e.g. analgesics, antipyretics; sedatives; side effects of drugs in common use.

Injection — Application of surgical asepsis sites, routes, types of drugs given by injection; preparation of equipment and supplies- Selection of needles, syringes skin preparation; intradermal, hypodermic and intramuscular injections; assisting with intravenous injections and infusions.

Local Applications — Hot applications-fomentations, hot water bottles, hot soaks cold applications-compress ice-bag.

- Local applications for rashes, skin infections and conditions, pediculosis.
  - Cleansing and application of medications for eyes, ear, nose and throat conditions-drops, ointments, throat paint.
  - Wounds-surgical cleansing, dressing, applications for wounds specific treatments for scabies, impetigo, boils and ringworms
- Specific treatments for conjunctivities, trachoma, sore and stricky eyes  
otitis media, sore throat, nose bleedings.

Unit	V	Basic Nursing (a)	Care of patients with respiratory problems
		Care of Patients	<ul style="list-style-type: none"> <li>— inhalation procedures; steam inhalation.</li> </ul>
			Care of Patients with heart disease/cardiac symptoms,-dyspnoea pain in chest
			Care of Patients with elimination problems - constipation, diarrhoeas retention of urine; giving an enema, catheterization.

Care of patient with fever, chills  
care of patient with gastro-  
enteritis

- (b) Care of chronically ill patient-  
patient with long-term illness;  
terminal illness

Care of the acutely ill patient-  
patient in shock, coma, convul-  
sion

- (c) Preoperative care of patient-skin  
preparation procedure

Post operative care of patient-  
observation of vital signs, mainte-  
nance of airway.

### **Section C. First Aid and Emergency Nursing**

#### **Unit I Introduction**

Scope of First Aid; principles of emergency care Man-  
agement of emergency situation-care of casualty  
Screening and sorting procedures-Mass casualties  
Structure and Functions of Major Organs and Systems  
Principles of First Aid treatment for haemorrhage,  
asphyxia and fractures.

#### **Unit II Promoting Safety Consciousness**

Safety in the home

Safety measures in the school, playground, streets,  
institutions.

Safety on the job-farm and factory

Prevention of Accidents-common sense measures and  
observations of few simple rules.

#### **Unit III Injuries to Bone, joints.**

First aid measures for injuries to upper extremities

First aid measures for injuries to lower extremities

First aid measures for skull injuries, rib injury to pelvis



First aid measures for spinal injuries, multiple fractures, crush injuries

- Unit IV Wound and Haemorrhage  
Wound-types, principles of wound care, immediate care Haemorrhage-types control of bleeding, pressure points bleeding from special regions and cavities-nose, stomach lungs, kidney, bowel, gums, ear, internal bleeding.
- Unit V Poisons, Bites and Stings, Foreign Bodies  
Swallowed poisons Snake bite, Foreign bodies in  
in-haled poisons Dog bite, rabbit —eye  
Injected poisons Insect bite and —ear nose  
stings throat  
—Stomach
- Unit VI Loss of Consciousness, Asphyxia, Heat Stroke  
Fainting Stupor, Coma, Convulsions, Hysteria-First aid  
Asphyxia — drowning strangulation, choking  
— causes, types, and symptoms  
— artificial respiration  
Heat Stroke
- Unit VII Thermal Injuries, Electrical Injuries, Chemical Injuries  
Burns and scalds-first aid treatment for critical burns  
Burns caused by strong acids alkalis moderate burns  
minor burns and scalds  
Electric Shock-first aid measures
- Unit VIII Emergency Care/Disasters and first Aid  
Types of disasters; health workers' responsibilities  
Aspects of disaster relief work  
Principles of preserving life and health in emergencies  
teaching self-aid procedures to community for safety  
of water supply food; safe disposal of waste; health  
protection measures including immunization manage-  
ment of emergency child birth.
- Unit IX First aid procedure, supplies and Equipment  
Application of Bandages, Slings, Dressings, Splints  
Transport of casualty stretches, lifting and carrying  
injured persons, blank lift and other improvisations  
First Aid supplies, First Aid Kit.

## FUNDAMENTALS OF NURSING

		120 Hours
Section A	Introduction to Child Health	Theory 30 Hours Practical 30 Hours
Section B	Introduction to Maternal Health	Theory 15 Hours Practical 15 Hours
Section C	Introduction to Family Health and Community Health	Theory 15 Hours Practical 15 Hours

### **Objectives**

1. To acquire knowledge about normal growth and development of a child and utilize this for promotion and maintenance of child health.
2. To develop an understanding of the needs of children at various stages and be able to interpret this to mothers.
3. To be familiar with preventive and curative aspects of common childhood diseases.
4. To develop the ability to recognize signs and symptoms of common ailments prevalent amongst children, and provide for care and treatment.
5. To acquire knowledge of factors influencing maternal health and utilize this for improvement of maternal health.
6. To develop basic skill in caring for children with various ailments.
7. To acquire knowledge of the methods used for providing family health care services.
8. To be familiar with resources in the community for the maintenance of health.

## Course Content

### Section A Introduction to Child Health

#### Unit I Growth and Development of a child.

Factors affecting growth and development—prenatal factors, maternal nutrition, heredity factors, environmental factors, socio-economic conditions.

Stages of Child life—infancy, pre-school, childhood, and adolescence basic needs; assessing priorities—teaching mothers about needs and priorities; developments tasks.

Assessment of growth and development—weight, height in relation to normal growth curve; milestone of psychomotor development—movements; talking, sitting, standing, walking, teething—examination of the child.

#### Unit II The Newborn

Observation and assessment—examination of the newborn; neonatal reflexes; normal weight; weight changes, changes in form and proportion; physiological jaundice examination for anomalies.

Immediate care of the newborn—bathing, clothing feeding, excretion and cleaning—sleeping.

Premature Infant Care—special needs, temperature control. Protection from infection; protection from injury; special precautions in giving daily care, preparation of a protective environment in the home and hospital; when to call for medical aid.

Injuries and Diseases of the newborn—convulsions, asphyxia fractures, paralysis; anomalies—imperforated anus,



anus harelip, cleft palate, spine bifida, meningocele, ophthalmic neonatorum, jaundice, diarrhoeas, vomiting tetanus neonatorum, thrush, sore buttocks, card sepsis, card hernia, phimosis.

Unit III Nutritional Requirements.

Infant Feeding, — preparation for it during antental  
Breast Feeding period advantages, schedules contraindications.

Artificial feeding — Contraindications; milk — types, modifications; calculation of formula; selection of bottles, teats, bottle feeding, other devices for weaning supplementary feeding.

Weaning — Introduction of semi-solids, and solids demonstration of food preparations suitable for infants according to locally available foods.

Pre-school — requirements for growth; calories and  
Children nutrients; assessing nutritional value  
Feeding improving diet.

Feeding of infants, pre-school children and school children to prevent deficiency diseases-rickets, maramus kwashiorkor, anaemia, vitamin A deficiency B Complex deficiency.

Unit IV Protection of Child's Health.

Immunization schedule-BCG, SMALL POX, DPT, POLIO.  
Prevenstion and Treatment of common Childhood diseases and ailments.

Common cold, cough  
Eye and ear infection  
Skin infections  
Diarrhoeas, vomiting  
Dehydration  
Constipation  
Indigestion  
Worm Infestation

Pneumonia  
Measles  
Chiken Pox  
Whooping Cough  
Mumps  
Tetnus  
Malnutrition

Infant Mortality—causes, prevention, current rate

Prevention of Accidents—at home, on the roads, in school common childhood accidents and first aid measures burns, scalds foreign bodies in ear, nose, stomach poisoning, suffocation.

Social and preventive aspects—environmental health hazards heredity.

Agencies for child Care and Welfare

Well-baby clinics, child guidance clinics school health services School feeding programme

Adult education centres—providing family life education for woman, mothercraft

Classes for improvement of child care

School for handicapped children

Rehabilitation centres for disabled, handicapped children

Legal provision for protection of children

Improving Child Health Care Services

Role of health worker, family, and community

Working with other members of the health team

### **Section B Introduction to Maternal Health**

Unit	I	Principles of Care during Maternity Cycle
		Conception period antenatal, intranatal and postnatal
Unit	II	Organization of Maternal Health Care Services
		Rural and Urban Services
		MCH Services in the home, clinics, health centres and hospitals
		Health Workers, responsibilities in Maternal Health Services
		intensive areas *"twilight areas"
		Role of dais/local birth attendants-working with dais
		Integration of Nutrition, Family Welfare, Child Care & Maternal Health Services

Equipment and supplies for Maternal Health Work-obtaining supplies, maintenance of kits, replenishing supplies for home visits, clinic, health centres

Records and Reports.

Unit III

Maternal Health Factors

Socio-economic Factors ) Literacy, economic status  
affecting maternal ) cultural practices, beliefs  
health ) customs  
 ) Nutrition and food habits

Assessment of maternal health problems in a community  
Maternal Mortality and Morbidity, Health Statistics.

### Section C Introduction to Family Health and Community Health

Unit I

Family Health care

The family as integral unit of the health services

The Family as the focus of health worker's attention in health  
and family welfare matters

Family health as it relates to—income

—Literacy of members

—cultural patterns of society

Working with families in relations to

Healthful environment in the home

Family life education for parents

Nutrition of family

Immunization for family members

Maternal Health Care

Child Health Care

Prevention and Control of Communicable Diseases

Mental Hygiene and Behavioural Problems

Care of the Sick—home nursing aspects

Care of the Aged; care of the handicapped

Family Planning and Welfare Services.



Home Visiting and domiciliary health service organizing home visits. Priorities' number of visits, techniques, equipment and supplies records and reports.

Unit II Introduction to Community Health

Understanding the Community—Characteristics

Local community organisations—structures, functions, communication lines;

panchayats, cooperatives, corporations;

Leadership patterns in the community health facilities available in the community

—conventional services (official)

—traditional, indigeneous services

Factors effecting community health and development

Unit III Environmental Health and Sanitation

Environmental sanitation in rural, semi-urban and urban areas

Diseases and standards of environmental sanitation

Water supply; safe water supply; as a basic health needs; sources of water supply; water-borne, diseases; protection of water; impurities, Purification of water—methods

Disposal of Refuse— definition, types, disposal of— dry refuse, sewage disposal community education and action for sanitary disposal of refuse.

Food and milk sanitation—objectives; household measures for ensuring safe food and milk; community measures, restaurant sanitation; food and milk—borne diseases.

Housing— basic principles of healthful housing; —lighting; ventilation; rural and urban housing.

Unit IV School Health Services

Objectives of School Health Services.

Components of a comprehensive School Health Programme

Health appraisal of school children prevention of Communicable disease

Early detection and attention to defects

Healthful school Environment

Nutritional service—food supplements

Health education including nutrition education population education

School Health records

First aid and emergency care

Treatment of minor ailments.

Role of Health worker in school health programme as coordinator, educator, organiser, Counsellor Interpreter; serving as a liaison between school, the home and community.

**COMMUNITY HEALTH NURSING (1) (i) 225 Hours**

Section A	Domiciliary Midwifery	Theory	15 hours
		Practical	60 hours
Section B	Midwifery and Maternity Nursing	Theory	45 hours
		Practical	75 hours
Section C	Family Planning & Family Welfare	Theory	15 hours
		Practical	15 hours

**Objectives**

1. To acquire knowledge of antenatal, intranatal and postnatal care.
2. To develop skills in conducting a normal delivery in the home and hospital.
3. To be able to provide domiciliary midwifery services, including safe home delivery services.
4. To be able to recognize abnormal conditions and complications in the antenatal, intranatal, and post-natal stage, and take necessary action for safety of mother and child.
5. To acquire sufficient knowledge of family planning and welfare services required for effective participation in the family planning work.

**Course Content****Section-A Domiciliary Midwifery**

- Unit I      Contacting Antenatal Mothers.
- Surveying a new area; casefinding techniques.
- Establishing a good relationship with mother, and family members.
- Utilizing opportunities for incidental teaching in the home adopting antenatal care to home situation, extent of care
- when mother attends clinic regularly
  - when mother does not attend clinic



Arranging antenatal equipment and supplies antenatal bag.  
Contents, care of equipment and supplies.

Boating requirements for mother and baby—linen, clothing.  
Establishing a procedure for contacting health workers (F)  
when labour begins.

Taking appropriate action — when abnormalities are  
detected,

—when complication arise,

—in emergencies.

## Unit II Conducting a Delivery in the home

Preparing and arranging equipment; requirements; checking  
delivery bag contents; attending to perineal hygiene.

Explanation to family, attendants; type of assistance  
required.

Advising and instructing mother; observation of mother  
Using safe techniques for delivery.

Taking appropriate action in cases unexpected occurrences  
and emergency situation—prolonged labour.

Prolapsed cord, retained placenta, laceration, eclampsia  
Placenta-examination, and disposal of placenta.

Disposal of soiled linen, clothes, care and comfort of mother,  
advice to mother.

Care of baby-Cord care; eye care; newborn examination;  
skin care; identifying high risk infants; arranging for appropriate  
assistance in primary health centre/hospital action in  
case of emergencies.

Notification of birth; recording and reporting.

## Unit III Post-partum care

Organising postpartum care—number and frequency of  
visits requirements for equipment and supplies—bag,  
contents and care of equipment.

Observation of mother during puerperium—recognising normal changes; identifying complications and abnormalities of the postpartum period—action in case of puerperal infection, delayed bleeding, urinary tract infection.

Records to be maintained.

### **Section B Midwifery and Maternity Nursing**

#### **Unit I The Reproductive System.**

Structure of the Female Reproductive System.

Female pelvis—difference between male and female pelvis  
—external and internal pelvimetry

Female reproductive organs—internal and external  
organs —structure and function

Menstruation—the menstrual cycle; evaluation; safe period;

Conception—fertilization.

#### **Unit II Growth and Development of Foetus—**

Development of embryo—form and proportion of parts

Development of foetus—sex determination, foetal sacamniotic fluid, development of placenta, function of placenta; placental abnormalities; umbilical cord normal and abnormal features;

Foetal Skull—size shape, diameter sutures, moulding;

skull areas—vertex, occiput, mentum sutures,  
fontanelles

Foetal circulation—Changes after birth.

#### **Unit III Pregnancy:**

Physiology of pregnancy diagnosis of pregnancy; signs and symptoms; minor disorders and their treatment;

Antenatal care and supervision at home or in clinic; importance of antenatal care; general examination; taking history palpation, auscultation, urine examination haemo

globin estimation, blood pressure assessment; detecting signs and symptoms of complications-oedema headache, blurred vision, persistent vomiting; early identification of high-risk cases, twins.

Protection against tetanus; advice regarding diet intake rest, breast care, preparation for home delivery; education for adoption of family planning methods after delivery.

#### Unit IV Labour

Physiology of labour; definition, stages of labour; mechanism of labour; signs and symptoms of labour.

Care during first, second and third stage of labour—at home; in the hospital;

Recognizing signs of complications and danger during labour immediate care of the normal newborn; resuscitation of new born; preventing infections; cord care; examination of newborn; recognition of abnormalities and action to take.

#### Unit V Normal Puerperium

Observation of normal changes in the postpartum period; involution of uterus; lochia; breasts, perineum; care of breasts and initiation of breast feeding; perineal hygiene.

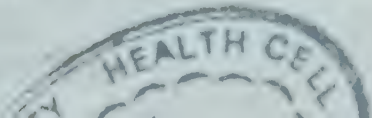
Postnatal examination; recognizing signs and symptoms of complications in the postpartum period, and appropriate action to be taken—puerperal infection, delayed haemorrhage, Postnatal advice regarding diet, importance of breast feeding, hygiene of hands, breasts; danger signs, activities, exercise and mental health: Family planning Education benefit of adopting family planning methods.

Recognition of minor discomforts of the postpartum period and appropriate action to be taken.

#### Unit VI Complication of Pregnancy

Vaginal bleeding early in pregnancy; causes—abortions, cancer cervix, ectopic pregnancy, and other causes, care

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Hyperemesis gravidarum—causes, symptoms, prevention and care. Abortions—types, causes, management; referral; medical termination of pregnancy—legal, physical psychological and educational aspects.

Taxemias of pregnancy—pre-eclampsia and eclampsia—causes, symptoms, management principles and promotion, Ectopic pregnancy—signs and symptoms; management Nutritional problems—anaemias, vitamin deficiencies pyolitis—causes, signs and symptoms care and treatment.

Pregnancies with uterine abnormalities—retroverted uterus prolapse, fibroid tumours.

Diseases complicating pregnancy—tuberculosis; essential hypertension; cardiac diseases, diabetes, measles; renal diseases, jaundice; Rhesus incompatibilities and effect on foetus; pruriti, vaginal thrush, trichomoniasis.

## Unit VII Complications of Labour.

Abnormal presentations—definition; mechanism of labour; diagnosis; management and referral; breech, deep transverse arrest, face to brow, shoulder presentation; cord prolapse.

Abnormal uterine actions —definition; early diagnosis, management and referral; precipitated labour; early rupture of membranes; hypotonic uterus, uterine inertia; retraction ring.

Cephalo-pelvic disproportion; early diagnosis, management and referral:

Prolonged labour; causes, diagnosis, management, and referral; Post-maturity.

Obstetrical emergencies—management of emergencies in home, referral, management of emergencies in hospital; postpartum haemorrhage; management of adherent or retained placenta.

- Unit VIII Obstetric Operations.
- Conditions requiring surgery; admission of patient preoperative care, observation during operation; postoperative care; medical and surgical techniques for induction of labour; artificial rupture of membranes; episiotomy, low and midcavity forceps; vacuum extraction; trial labour; caesarian section; destructive operations—decapitation; embryotomy
- Unit IX Abnormal Puerperium.
- Retention of urine—catheterization; puerperal sepsis; venous thrombosis; thrombophlebitis; injuries-vesicovaginal fistula; recto-vaginal fistula.
- Breast abscess, cracked nipple, suppression of lactation  
Psychiatric disturbances—depression, melancholia.
- Unit X Drugs Used in Obstetrics.
- Mode of action, normal dose, indications, and side effects of:
- |            |                        |
|------------|------------------------|
| Ectocics   | Respiratory stimulants |
| narcotics  | hormones               |
| sedatives  | Anti-infectives        |
| Coagulants | Analgesics             |
- Drugs use for prophylaxis
- Unit XI Training of Community level Health Workers, including Dais.
- Role of Dais (local birth attendants), and other community level health worker; good and harmful practices of dais.
- Participating in the training and supervision of dais and other community level health workers.
- Establishing working relationships with dais.
- Involvements of dais for family planning motivation work in the community.
- Unit XII Maintaining Records and Statistics
- Keeping records up-to-date

Maternal Mortality rate; Prenatal mortality rate, causes, prevention, calculation of rate.

Measuring effectiveness of Maternal Health Services comparison of rates with other regions or areas; comparison of rates with State & National Maternal Health indicators.

### Section C Family Planning and Welfare

Unit I

Introduction

Concept of Family Welfare Services.

Importance of Family Planning and Welfare-health and socio-economic factors; mortality rates of vulnerable groups.

Human Reproduction and population dynamics

Physiology of Contraception

Aspects of Family Health and Welfare services

— maternal health and child Health services

— marriage guidance, pre-marital education

— home economics and nutrition

— spacing of births; limiting births

— treatment of sterility

Unit II

National Family Welfare Programmes.

Goals, policies, and programmes

Organisation and set-up of family welfare services—Central, State, Districts, Primary Health Centre and Sub-centre level.

Role of Health Workers

Role of other members of the Health team-coordinating efforts to provide effective services.

Role of voluntary organisation in providing family welfare services.



Unit	III	Organising Family Welfare Work.
		Surveying the community for eligible couple; case finding; techniques of reaching the community; working through local organizations and community leaders.
		Promoting the small family norm; health benefits of small family; helping people to accept and adopt family planning methods; imparting family planning facts
		Communicating with individual and groups—face-to-face communications; mass media approach conducting group discussions; holding meetings; individual counselling in the home, clinic, health centre, or hospital. Motivating eligible couples; teaching family planning facts; promoting trust and confidence; providing services.
		Records and Reports
		Supervision of dais and community level health workers
Unit	IV	Family Planning Methods (emphasis on Contraceptives for women)
		natural chemical, mechanical, surgical, hormonal methods, reported advantages and disadvantages of each methods—rhythm method, foam tablets, intrauterine contraceptive devices, abortions and medical termination of pregnancies; oral contraceptives, sterilization temporary and permanent methods, methods requiring medical attention and supervision.

**COMMUNITY HEALTH NURSING II**

			120 hours
Section A	Nutrition Education	Theory	15 hours
		Practical	15 hours
Section B	Health Education	Theory	30 hours
		Practical	30 hours
Section C	Communication Skills & Audio-visual Aids	Theory	15 hours
		Practical	15 hours

**Objectives**

1. To acquire an understanding of the factors involved in nutrition education.
2. To develop skills in imparting nutrition knowledge and practices.
3. To recognize and utilize opportunities for Health Education.
4. To acquire knowledge of the principles and practice of health guidance and education.
5. To be able to function effectively for the promotion of health and family welfare by participating in health education activities.
6. To acquire knowledge of basic communication skills and their application to health work.
7. To be able to select and use appropriate audio-visual aids to strengthen teaching activities.

**Course Content****Section A Nutrition Education**

- Unit I Introduction to Nutrition Education.
- Factors to be considered in Nutrition teaching; home economics, cultural practices, dietary habits, availability of food-stuffs, rural and urban communities.
- Principles of nutrition education; determinings, priorities opportunities for nutrition teaching-home, clinics, health centres, hospitals, schools, community centres.

Assessing nutritional educational needs of the community  
determining nutritional needs of vulnerable groups.

Unit II Nutrition Education for Maternal and child Health Identifying  
areas requiring emphasis e.g.

Maternal Nutrition—diet in pregnancy points to be  
emphasise .

—diet for lactating mothers points to  
be emphasised.

—common nutritional deficiencies in  
women; improving diet; prevention  
and treatment of anaemias.

Child Nutrition

—breast feeding.

introduction of semi-solid & solids  
feeding schedule.

hygienic aspects of handling and  
preparing food for infants and  
children.

dietary requirements—infancy,  
preschool phase, school phase,  
school health nutrition.

nutritional deficiencies in children  
improving diet; prevention and  
treatment of common nutritional  
deficiencies; protecting child from  
infection—non-nutritional mea-  
sures.

Unit III Nutrition Education—Methods and Media.

Discussions, meetings, individual guidance; family health  
education; Cooking demonstrations; feeding programmes,  
exhibition; model kitchen gardens.

Selection and use of appropriate visual aids; how to make the  
message relevant; adaptations of existing visual aids; prepa-  
ration of low cost aids for nutrition education, factors to be  
considered.



- Unit IV Nutrition Education and Family Health.
- Understanding the educational component of the applied Nutrition.
- Programme—teaching community to produce and grow more food, teaching, community to consume protective foods; health worker's role in strengthening the Applied Nutrition Programme; Kitchen gardens, poultry keeping for family health.
- Food Adulteration, practices—teaching simple techniques to detect adulteration practices; knowledge of adulteration practices harmful to health; implications; and action to be taken by individual, family and community.
- Selection of foods—locally available resources, within purchasing power.
- Methods of Cooking—preservation of nutrients
- Hygienic Practices in handling foods, and preservation of foods.

- Unit V Nutrition Education and Diet Therapy
- Nutrition education for Chronic illness, Care of the sick and specific Diseases.
- Dietary modifications.
- Blend diet, Liquid Diet, Soft or semi-solid Diet, Light diet; Dietary modifications in—Diabetes, Peptic Ulcer, Renal diseases, Hypertension, Heart Disease.
- Assisting and guiding Family in selection and preparation of foods for members with special dietary needs.

### Section B Health Education

- Unit I Introduction
- Aims of health education; scope of health education Concept of health education
- Role of Health workers; identifying health education component of Health Worker's functions.

- Unit II      The Teaching-Learning Process
- Concept of Learning-change in behaviour
- Characteristics of Learner
- Steps in the Learning process; methods of learning
- Evaluating Learning
- Principles of teaching; methods of teaching
- Principles of motivation
- Establishing a favourable teaching—learning situation understanding factors which promote learning; learning connected with life-relevant learning; learning by doing, participation of learner in the teaching—learning situation.
- Unit III      Approaches Used in Health Education
- Individual Approach\*
- Group Approach
- Mass Approach
- Specific methods and techniques of health education
- Unit IV      Planning Health Education Activities.
- Diagnosis of health educational needs; collection of information identification of health problems; determining priorities.
- Identifying resources available for health education, and the limitations.
- Establishing objective.
- Selecting content or message to be conveyed
- Selection of method, approach and appropriate teaching aids
- Developing a plan of operation
- Organising content; planning appropriate learning experiences
- Carrying out plan of operation
- Evaluation and follow-up activities.

Unit	V	<p>Community Resources for Health Education</p> <p>Community organisation</p> <p>Community leadership</p> <p>Community facilities</p> <p>Community talents.</p> <p><b><u>Section C Communication skills &amp; Audio-Visual Aids</u></b></p>
Unit	I	<p>Introduction to Communication</p> <p>Elements of Communications—sender, message, receiver, channels of communication</p> <p>Factors influencing communication—factors related to message, sender, receiver, situation; barriers to communication; establishing effective communication channels for health work; distortions, misinterpretations; traditional and modern channels.</p> <p>Types of communication—verbal and non-verbal; formal and informal; two-way and one-way; face to face communication and mass communications; communication patterns in groups.</p> <p>Evaluating effects of communication—simple tools and methods; informal techniques.</p>
Unit	II	<p>Communication Skills for Health Work.</p> <p>Basic skills for communication; human relations skills, listening skills, writing skills, drawing skills.</p> <p>Communication for health work through; talks, broad-casts, role-play, group discussions, demonstrations, puppet shows, displays, exhibitions; communication with individuals, families, groups and large community audiences; interaction and feedback; communications with rural and urban audience; literate and illiterate audience; children or adults; men or women; mixed audience; utilizing traditional vehicles of communication in rural areas e.g. story telling, puppet shows, plays. Communication within health team; oral and written reports;</p>



Accuracy of records and reports; use of language that is effective, concise; communications and learning,

Communication with members of the community—approaches, problems.

Unit III Introduction to Audio-visual Aids.

Audio-visual aids in Health Education Programmes. Classification of audio-visual aids e.g. graphic aids, three-dimensional aids; activity aids, printed aids; projected aids.

Purposes, limitations of audio-visual aids; sources of audio-visual aids-free materials, and inexpensive materials.

Unit IV Selection and Utilization of Audio-visual aids Selecting suitable aids for health work.

Criteria for selection; audience category, purpose, situation or setting health worker's skills, resources and facilities available:

Effective use of audio-visual aids in terms of purpose of educational effort—providing information; creating awareness; or developing or changing attitudes; developing skills or abilities; learning how to use audio-visual aids that are commonly available.

Unit V Preparation of audio-visual Aids for Health Work Basic skills/competencies; simple drawings; lettering colouring; Preparation and use of low-cost graphic aids and 3-dimensional aids :

Flashcards bulletin boards low-cost models Khadigraphs graphs and charts pamphlets and leaflets flip charts picture scroll box roller blackboard.

Use of slide projector interpreting messages conveyed by mass media; use of traditional vehicles of communication for village health work.

**COMMUNITY HEALTH NURSING III**

			345 hours
Section A	Basic Medicine and Pharmacology	Theory	150 hours
		Practical	60 hours
Section B	Health problems and Plans.	Theory	15 hours
		Practical	15 hours
Section C	Communicable Diseases	Theory	60 hours
		Practical	30 hours
Section D	Mental Diseases	Theory	15 hours.

**Objectives**

1. to develop the ability to recognize and treat minor ailments.
2. To acquire sufficient knowledge of signs and symptoms of diseases of a common, recurrent type to provide elementary medical care and take appropriate action.
3. To acquire knowledge of drugs commonly used for treatment of minor ailments.
4. To develop the ability to recognize adverse effects of drugs in common use and take appropriate action.
5. To acquire and understanding of (a) health problems prevalent in the Community (b) national health plans, and (c) role of health workers in the execution of planned health programmes.
6. To acquire an understanding of major communicable diseases and its implications for protection and restoration of health.
7. To gain knowledge of practices and techniques related to prevention, eradication and control of communicable diseases.
8. To gain sufficient knowledge of signs and symptoms of mental disease to be able to assist in the primary and secondary preventive aspects of mental illness.

## Course Content

### Section A Basic Medicine and Pharmacology

- |      |     |   |
|------|-----|---|
| Unit | I   | <p>Introduction</p> <p>Principles of Medical Care and treatment of minor ailments.</p> <p>Role and functions of the Health Workers in the health systems.</p> <p>Resources available for treatment of minor ailments</p> <p>Coordination—understanding referral system.</p> <p>Seeking guidance and learning opportunities.</p>   |
| Unit | II  | <p>Home Nursing and Elementary Medical Care</p> <p>Preparing the sick unit/room at home</p> <p>Hygiene of the Patient—bath, elimination, feeding, activity.</p> <p>Comfort measures—change of position, rest, recreation,</p> <p>Observation of the patients—temperature, pulse, respiration, skin, elimination, general condition.</p> <p>Medications and Simple Treatments</p> <p>Teaching family members—to assist with care of the sick<br/>—to take home nursing responsibilities</p> <p>First aid kit for the home</p> <p>Equipment and supplies for home care: improvisations.</p> |
| Unit | III | <p>Treatment of Minor Ailments</p> <p>1. Examination of the patient; methods of examination; taking history of the patient; specific complaints and problems.</p> <p>Recognizing signs and symptoms; detecting minor ailments and providing treatment and care; recognizing signs of danger, complications, signs of serious illness; appropriate action to be taken for serious emergencies and critical illness.</p> <p>Health Worker's role in accidents and disease; management of accidents; management and care of the sick.</p>  |



2. Conditions effecting the skin—signs, symptoms and treatment.

Itching	Pallor	Impetigo	Burns	Ulcers
Rashes	Frostbite	Boils	Wound	Bites
Patches	Scabies	Lice	Swelling	Stings

3. Conditions effecting the Ear & Eye signs, symptoms, treatment.

Earache	Sore Eyes	Trachoma
Discharging Ear	Blurred vision	Dry Eyes
Foreign body in Ear	Styel	Watering Eyes
Jaundiced Eyes	Eye injuries	Red Eyes (inflamed)

4. Conditions effecting the Skelton—signs, symptoms, treatment.

Joint pains	Sprains	Fractures
Swelling of the joints	Dislocation	

5. Conditions effecting the Respiratory System—signs, symptoms & treatment.

Nose bleeding	Common cold	Chest Pain
Foreign Body in the nose	Cough-with fever —prolonged	Shortness of breath
Sore throat	—with blood in sputum	Asphyxia Tonsilitis

Bronchopneumonia in Children

Chest injuries

6. Condition effecting the Gastro-Intestinal System—Signs, Symptoms and Treatment.

Diarrhoea—mild Worms—hookworms Constipation

—severe roundworms Blood in stools

—with blood Abdominal pain stores in the  
Abdominal distention mouth Gum bleed-  
ing Abdominal Toothache Injuries.

of mucus  
Indigestion  
and stomach ache  
Jaundice

7. Conditions effecting the Urinary and Endocrine System—sign, symptoms, and treatment

Micturition	Swelling in	Renal Colic
—frequency	neck	Enuresis
—painful		
—retention of	—goitre	Incontinance
urine		
—with blood		

8. Conditions effecting the Neuromuscular Systems—Signs, Symptoms, and Treatment and Temperature—Regulation

Headache—Convulsions	Fever—mild	Heat stroke
—Occasional Paralysis	—moderate	Heat
—Presistent Unconscious-	—High	exhaustion
—Severe -ness	Backache	
Head injuries		

9. Condition Effecting the Reporducing System—signs, symp-  
toms, and treatment.

Sores on the	Abnormal menstruation
genital area	Painful menstruation
Urethral discharge	Prolapse
Vaginal discharge	Breast Abscess
	Breast Lump

Unit IV Basic Medical Care  
Chief complaints, basic medical and nursing care in common disorders of

The Cardiovascular System	The Endocrine system
The Respiratory System	The Skeletal system—and
The Alimentary System	the Neuromuscular
The Urinary System	System.

## Unit V Pharmacology

Introduction to study of pharmacology; sources of drug, drug legislation; preparation of drugs—solutions and suspensions; capsule, tablets, pills; powders; liniments, lotions, ointments, pastes, plasters, poultices, suppositories—Danger of misuse and indiscriminate use of drugs.

Weight and measures—metric system; converting from one system to another; calculation of dosages; house hold measures in home nursing—problems of measuring accurately—teaspoon, cup, glass.

Abbreviations in common use; prescription—and order of Medications

Action of drugs—local action; systemic action; factors that influence action; route of administration:

Care of drugs; policies and regulation regarding administration of medicines; role of the health workers.

Classification and action of groups of drugs.

Antiseptics	Stimulants	Antiemetics	Diuretics
Disinfectants	Sedatives	Laxatives	Anti-infectives
Analgesics	Anticoagulants	Vitamins	Hormones
Antipyretics	Anaesthetics	Hematinics	Depressants

Section B Health Problems and Plans

## Unit I

Health Problems

Communicable disease problems

Environmental Sanitation problems

Nutritional Problems

Health problems related to socio-economic factors—poverty, illiteracy

Population problems and health

Health problems in relation to economy and productivity; health problems and quality of life.

Health workers' role in prevention and control of health problems.



- Unit II      Organization and structure of Health Services and related Welfare Services.  
 Health services at Central, State, District, Taluq, Tahsil and Village level.  
 Rural health services—Primary Health Centre and Sub-centre  
 Urban health services—health units in corporations and municipal boards; organization of health services.  
 Supplemental health services—indigenous medical practitioners, traditional healers and private practitioners.  
 Voluntary health agencies  
 International agencies—WHO, UNICEF, FAO  
 Community Development Programmes and Health structure and activities at block level.  
 Social Welfare Services and Programmes
- Unit III      Health Planning and programmes  
 Five Year Plans-health sub-sectors in Five year Plans; Implementation of health plans at village; district, state and national level.  
 Major health programmes, related to :  
 Malaria, Filaria, Tuberculosis, Leprosy, Trachoma, Venereal Diseases, Goitre, Water Supply and Sanitation, and Family Welfare; Nutrition Programmes.  
 Role of Health Worker in executing national health plans and programmes.  
 Identifying functions of health Workers in relation to major national health plans and programmes.  
 Health worker's responsibilities at village level, sub-centre level, in implementation of health plans and programmes.  
 Cooperative and coordinating with members of health team, social welfare team, village community, and community development team.

## Section C Communicable Diseases

- Unit I Introduction to communicable Diseases
- Terminology, Prevalence of communicable diseases  
 Modes of disease transmission  
 General measures for prevention and control of communicable diseases
- controlling source of infection
  - blocking channels of transmission
  - protection of susceptibles
- Understanding role of health workers, family, community individual and public health authorities in relation to specific measures—notification, isolation and quarantine, disinfection, and education of public; vector control.
- Unit II Immunity and Immunizations
- Purpose, types, effects  
 Immunization schedule for prevention of major communicable diseases —BCG, Smallpox vaccination, Polio vaccine, DPT, and TAB vaccine
- Immunization —Precautions to be taken; use of safe reactions techniques and sterile equipment, testing for sensitivity reaction; emergency treatment for anaphylactic shock—methods of immunization and related techniques.
- Unit III Care & Treatment of patient with Infection
- Recognition of Signs and Symptoms—common signs and symptoms of infection-fever, pulse changes; urinary signs, respiratory changes; blood changes, gastro intestinal signs and symptoms.
- Principles of care and Treatment—rest, diet modification fluids, hygienic care; medications and treatments; observation of patient; measures for prevention spread of infections.

Home Care of a Sick Patient—individual articles for hygienic care, food and fluids, handwashing facilities; protection of clothes; safe disposal of excreta; safe disposal of contaminated material e.g., garbage; safe handling of equipment and supplies; disinfection and sterilization. Home and hospital practices.

Unit IV Specific Communicable Diseases and Infections  
Symptoms, prevention and control, and care in specific communicable diseases, and infections;

Malaria; Filaria; Dengue; Typhoid; Cholera; Infections Hepatitis; Other Gastro-intestinal Infections—Acute Gastro-entrities; Dysenteries; Small pox; Chicken pox; Mumps, Measles; Diphtheria; Trachoma, Conjunctivities Worm Infestations-hookworm, roundworm.

Threadworm

Amoebiasis

Rabies

Tuberculosis

Poliomyelitis, Pertussis

#### Section D Mental Diseases

Unit I Introduction

Normal and abnormal behaviour

Causes of abnormal behaviour — intrinsic factors and extrinsic factors,

Predisposing and precipitating factors

Observation of significant behavioural changes

Where —clinics, health centres, home-visits, school

How —observation, listening, talking to people, other methods,

Unit II Resources and facilities for prevention and early detection of mental illness, use of



- family health care services
- maternal and child health services
- school health services
- primary health centre facilities
- community
- health worker as a resource.

Basic skills —human relation skills informing effective interpersonal relationships; communication skills—verbal and nonverbal;

Responsibilities of health worker, individual, family and community for prevention, early detection, care and acceptance.

### Unit III Prevention of Mental Illness.

Recognising problems of Adjustment in various life stages.

Childhood

Adolescence

Adulthood

Old age

Stresses, strains, and crisis situations in each stage.

Understanding Adjustment Reaction—constructive behaviour psychosomatic behaviours, emotional-nervous behaviours, and destructive behaviours.

Caring for people with problems

Childhood problems —e.g. fears, nightmares, learning difficulties. destructive ways.

Problems of adolescence —depression, aggressive ways, individual and group delinquency.

Problems of adults —family life adjustment problems, marital adjustment problems, occupational maladjustments

Problems of old age —problems of economic insecurities, retirement, dependance, aging and diminished vigour.

Observation of individual with deviate behaviour patterns

—withdrawal patterns

—aggressive patterns

—pattern indicating anxieties, depression

—projective patterns

Unit IV

Early detection of Mental Disorders

Recognising signs and symptoms related to

—disturbances of consciousness and sleep : Confusion, Stupor, delirium Coma; and sleep disturbances—insomania

—disturbances of thinking : delusions, fantasies, incoherent speech, irrelevant talk; phobias,

—disturbances of orientation: disoriented in relation to time, place, and person

—disturbances of meomory : amnesia

—disturbances of perception: hallucinations, illusions

—disturbances of emotions : depression, anxiety; hostility mood swings

—disturbances of motor aspects of behaviour : overactivity, hypo-activity, compulsive activity

—disturbances of personality : problems related to family life; life pattern, work, personal and social relations.

—disturbances of intelligence : retarded behaviour in children.

Unit	V	Mental Diseases	
		Behaviours indicating	: Psychosomatic diseases, drug dependence, drug addiction, neurotic diseases, psychotic diseases, organic brain diseases, mental retardation, personality disorders
		Basic therapies	
		Principles of after care supervision	
		Psychiatric emergencies	: Principles of first aid and emergency care. Preventive aspects of psychiatric emergencies.
		Legal aspects	



**COMMUNITY HEALTH NURSING I (ii)**

225 hours

Health Worker (Male)

Section A	Environmental Sanitation	Theory	45 hours
		Practical	105 hours
Section B	Health Statistics	Theory	15 hours
		Practical	30 hours
Section C	Family Planning and Welfare	Theory	15 hours
		Practical	15 hours

**Objectives**

1. To acquire further knowledge of environmental sanitation procedures and practices necessary for the promotion of health and prevention of diseases.
2. To develop skills in utilizing knowledge of environmental sanitation measures for the promotion of healthful living.
3. To acquire knowledge and skills in the use of simple statistics as they apply to health.
4. To be able to contribute to the development of a satisfactory system of maintaining vital and health statistics.
5. To acquire sufficient knowledge of family planning and welfare services required for effective participation in Family Welfare work.

**Course Content****Section—A Environmental Sanitation**

- Unit I Basic Sanitation need at village level, Towns, and Semi-urban areas.
- Safe water supply
- Sanitary disposal of excreta, waste, refuse

Insect and Rodent control

Housing

Food Sanitation and Hygiene

Communicable Disease Control

Health education aspects—individual, family, community role.

Sanitation measures and techniques

Improving sanitation

## Unit II Disinfection and Disinfectants, Sterilization

Antiseptics, Disinfectants, Deodorant, Detergent, Sterilization.

Natural agents; Physical agents; Chemical agents; Effective disinfection by liquid chemical agent-halogens, coal-tar disinfectants, detergents, oxydizing agents, heavy metals, miscellaneous agents.

Techniques, precautions.

Effective disinfection by solid chemical agents—bleaching powder, lime, and other disinfectants.

Techniques, precautions.

Effective disinfection by gaseous agents—formalic Disinfection of water, excreta, Health teaching aspects.

## Unit III Environmental Sanitation Aspects of Communicable Diseases and Communicable Disease Control.

Malaria — anti larval measures; elimination of breeding places, application of oil, synthetic insecticides; biological control measures.

— anti-adult mosquito measures—Insecticides.

—health teaching aspects—individual family, and community education.

Smallpox —epidemiological factors—causative agent, source of infection, mode of spread, incubation period;

Vaccination procedures—time of vaccination; site of vaccination; preparation of skin; technique of vaccination, interpretation of results; primary response; no response, and major response; equivocal reaction; contraindications to vaccination.

Early diagnosis of signs and symptoms, Notification; Isolation, Vaccination, Surveillance, Disinfection. Quarantine: Health education aspects: Disposal of dead bodies. Disinfection of room, linen, and body discharges.

Tuberculosis-Definition; historical landmarks; prevalence;

Epidemiological factors—source of infection, causative agent, mode of transmission, incubation period. Tuberculin testing—technique and precautions; results.

BCG vaccination—use of tuberculin syringes; technique of vaccination; site; equipment and supplies; precautions.

Early detection of cases—sputum examination; symptoms and clinical features; mass miniature radiography as a high cost method. Treatment—organized home care and treatment domiciliary supervision; health teaching—disposal of sputum in a safe manner; follow-up care.

### Venereal Diseases

Epidemiological features—causative agents and incubation period for syphilis and gonorrhoea; modes of transmission; social factors.



Control of Venereal Diseases—case-finding, case-holding and treatment, social therapy;

Health education aspects—creating awareness about V.D. problem in the community, and motivating infected persons to use health services for treatment.

Other National Health Plans and programmes—role of health worker (male) in execution of national health plans and programmes

Unit	IV	<p>Sanitary and Health Measures for Special Situations</p> <p>Fairs and Festivals — general sanitation; water supply; excreta disposal, refuse disposal; antily measures; food sanitation, and medical aid; health education opportunities—mass campaigns, exhibitions.</p>
		<p>Emergencies and Disasters e.g. floods, earth quakes.</p> <p>organizing sanitation during disasters and emergencies; problems of environment sanitation-establishing priorities—ensuring safe water supply; food sanitation; health protection measures; disposal of excreta and waste.</p>

### Section B Health Statistics

Unit	I	<p>Introduction</p> <p>Statistics; Vital statistics; and health statistics</p> <p>sources of vital and health statistics—census; registration of birth, deaths, and marriages; notification of infectious diseases; records of health centre and hospital health surveys.</p> <p>Uses of statistics in community health—illustrations regarding use of statistics.</p>
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Definitions—rates; ratio; frequency distribution; arithmetic mean; and the range. Calculations.

Collection of statistical data—factors to be considered; role of health worker in participating in data collection procedures.

## Unit II Health and Vital Statistics

Definition, uses of

Birth rate

Death rate

Specific death rate

Maternal mortality rate

Infant mortality rate

Neonatal mortality rate

Perinatal mortality rate

Expectation of life at birth

Prevalence rate; incidence rate

General fertility rate.

Measurements affecting health—nutrition data, housing data, data on social, economic and environmental factors.

Measurements related to services—preventive services  
promotive services  
curative services.

Graphic representation of data, diagrammatic representation of data.

## Unit III Vital Statistics Registration Procedures

Existing systems of registration; defects in the present system.

Registration Act; birth and death certificates.

Specific methods to improve the system of registration of vital events.

Role of Health workers in maintaining complete record of vital events.

Interpretation and use of statistical information.

## Section C Family Planning and Welfare

- Unit I Introduction
- Concept of family Welfare Services
- Importance of Family Planning and Welfare—health and socio-economic
- Factors; mortality rates of vulnerable groups
- Human Reproduction and population dynamics
- Physiology of Contraception
- Aspects of Family Health and Welfare Services
- Maternal health, child health services, Family health care
  - Marriage guidance, pre-marital education
  - home economics and nutrition
  - spacing of births; limiting births
  - treatment of sterility
- Unit II National Family Welfare programmes
- Goals, policies, and programmes
- Organization and set up of family welfare services—
- Central, State, District, Primary Health Centre and Sub-centre level.
- Role of Health Workers; special duties of health workers—male
- Role of other members of the Health team—coordinating efforts to provide effective services.
- Role of Voluntary Organisation in providing family welfare services.
- Unit III Organizing Family Welfare Works.
- Surveying the community for eligible couples; case findings; techniques of reaching the community: working through local organizations and community leaders.



Promoting the small family norm: health benefits of small family; helping people to accept and adopt family planning methods; imparting family planning facts; dealing with misconception.

#### Communicating with individual and groups

Face-to-face communication, mass media approach conducting group discussions; holding meetings individual counselling in the home, clinic, health centre or hospital, motivating eligible couples teaching family planning facts; promoting trust and confidence; providing services;

#### Planning and organizing family planning services

- home clinic, community; vasectomy clinics;
- distribution system for conventional contraceptives
- extension education
- role of health worker in 'Twilight' and 'Intensive' area
- records and reports
- supervision of community level health workers (male)

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| Unit | IV | <p>Family Planning methods (emphasis on Contraceptives for men) natural, chemical, mechanical, surgical, hormonal methods reported advantages and disadvantages of each method—rhythm method, foam tablets, intrauterine devices, abortions medical termination of pregnancies; oral contraceptives; sterilization.</p> <p>temporary and permanent methods:</p> <p>methods requiring medical attention and supervision.</p> |
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## SUGGESTED READINGS

### SCIENCES,

Ferris, E.B., And Skelley, E.G. Body Structure and Functions. New York; Delmar Publishers Albany.

Roper, Nancy, Man's Anatomy, Physiology, Health and Environment.

Edinburg, Churchil Livingstone.

Taylor, Norman and Mcphedran, Margaret G. Basic Anatomy and Physiology.

Pearce, Evelyn, Anatomy & Physiology for Nurses Faber Ltd.

Memmler, R.L., and Rada, R.B., The Human Body in Health and Disease, J.B. Lippincott, Philadelphia.

Marshal, Stanely, Elementary Bacteriology and Immunity for Nurses, London, Lewis Publishers.

Ferris, Elvira B., Microbiology for the Nurse Albany, New York,; Delmar Publishers.

Swaminathan, M. and Bhagwan, R.K. Our Food Madras, Ganesh & Co.

I.C.M.R., The Nutritive Value of Indian Foods and the Planning of Satisfactory Diets.

Milliken, Mary Elizabeth, understanding Human Behaviour; A Guide for Health Workers; New York Delmar Publishers.

Bhatia B.D., and Craig M. Elements of Psychology and Mental Hygiene, Orient Longmans and Co., New Delhi.

### NURSING

Manual for Health Worker (Female) Ministry of Health and Family Planning—WHO PROJECT HMD-006 to be published.

Manual for Health Worker (Male) Vol. 1 and 2, Ministry of Health and Family Planning—

WHO PROJECT HMD-006

Oberoi, I.S., Laliberate, D., and other contributors, Child Health Care in Rural Areas—A Manual for Auxiliary Nurse-Midwives, Bombay Asia PUBLISHING HOUSE.

Park JE Text Book of Community Health for Nurses. Asarani Publishers, Jabalpur, M.P.

Ghosh, Shanti. The Feeding and Care of Infants and Young Children, UNICEF, SCAR, NEW DELHI Cox, H. Midwifery Manual—A Guide for Anixiliary Midwives, MC Graw-Hill Far Eastern Publishers.

Bleier I.J. Maternity Nursing. A Text book for Practical Nurses, Philadelphia, W.B. Saunders.

WHO Notes for the Practising Midwife, New Delhi SEARO

Gandhigram Institute of Rural Health and Family Planning. A Guide for First Aid Treatments of minor Ailments for Auxiliary Nurse Midwives, Madurai, Tamilnadu (Mimeographed Manual.)

Community Nursing Manual. A Guide for Auxiliary Public Health Nurses.

Mc Graw-Hill, International Book Co.

Hornemann, Grace V. Basic Nursing Procedures, New York; Delmar Publishers.

Skelley, Esther G. Medications and Mathematics for the Nurse, Albany, New York, Delmar Publisher.

Brigley C.M. Paediatrics for the Practical Nurse, Albany, New York, Delmar Publishers.

Priest, M.A. Modern Text book of Personnal and Communal



Health for Nurses. London, ELBS, William Heinemann Medical Books.

Lakshmaneswami Mudaliar, Case Book for Midwives, Madras Caxton Press.

Berkeley, A Handbook of Midwifery for Nurses, London, J. & A. Churchill.

Zawacki, A.A., A Text book for Family Planning Field Workers, Community and Family Study Centre, Chicago: University of Chicago.

Selected material from the above list of Books may have to be translated into regional languages after suitable modifications and adaptations.





